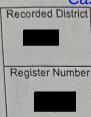
Yuga Labs Inc. v. Ryan Hickman Case No. 2:23-cv-00111-JCM-NJK

EXHIBIT 1

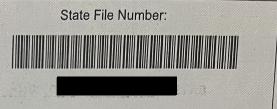
(A true and accurate copy of M. Hickman's birth certificate)

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CERTIFICATE OF LIVE BIRTH

New York State Department of Health



Filed:

				in the	ONLY MEN WANTE		
1A, Name Melo		Middle Ryann	The second of th	Last, Hickman			
2A. Date of Febr	of Birth: ruary 16, 2010	2B, Hour:	3. Sex: Female	4A. Birth Is:	4B. If Not Sin	gle, Birth Is:	
February 5. Place of	of Birth:	6A.	Facility Name: (Address	s, if Place of Birth is Other	than Hospital / Birtl	hing Center)	
6B. Local	lity of Birth:				6C. County of	Birth:	
7A-1. Na	me: First	Middle		Current Last No	ame		$\overline{}$
7A-2. Las	st Name on Birth Certificate:	7B. Da	ate of Birth: 7C. City	y & State of Birth: (Country	r, if not U.S.A.)		
8A. Resid	ence, State: (Country, if not U.S	C.A.)	8B, Co	unty: (Terr. or Prov., if not			
8A. Resid			8D. Inside City/Village Limit?				
8G. Mailing	and Number of Residence:			A	pt./Unit 2	8F. Zip Code:	
F. Ivialing	Address.					8H. Zip Code:	
9A-1. Name:	First	Middle		Current Last	Name		
9A-2. Last Na	me on Birth Certificate:	9B. Da	te of Birth: 9C. Cit	y & State of Birth: (Coun	try, if not U.S.A.)		
0A. I certify thi	nat the stated information cond	cerning this child is true to th	e best of my knowledg	e and belief. 10E	B. Date Month Signed:	Day Yo	'ear
C. Name of (Certifier, If Not Attendant;			Title:		D-1. NYS License I	Num
E. Attendant	s Name:			Title:		F-1. NYS License I	Num
A. Registrar N	Name:						
3. Signature o	of the Registrar			11	C. Date Montr	Day	Year

12. Information Added or Corrected:
Item No. Date of Correction

Authorization

Original Information